

Foster Family Home - Corrective Action Report

Provider ID: 1-561581

Home Name: Lily Mendoza, CNA

91-960 Komana Street

Ewa Beach

HI 96706

Review ID: 1-561581-6

Reviewer: Lori O'Keefe

Begin Date: 12/3/2018

End Date:

12/4/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Recertification home inspection completed. A corrective action report was issued today and is due back to CTA by 1/3/19.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.1, 7.1.a.2 - CG#3 had a lapse in the state name check. Was due by 3/9/2017 but not done until 8/2/2017. CG#4 had a lapse in APS/CAN, due by 7/18/2018 but not done until 10/10/2018, and a lapse in state name check, due by 7/16/2018 but not done until 10/10/2018.

Lori O'Keefe
Compliance Manager

Mire
Primary Care Giver

12/3/18
Date

12/3/18
Date

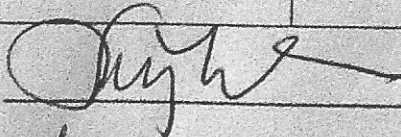
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Lily Mendoza, CNA

CCFFH Address: 91-960 Komana St. Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1 7.1.a.2	Lapse cannot be corrected.	12/4/18	Home will conduct their own APS/can eCrim or fingerprints rather than obtain from other CCFFH operators to prevent future lapses.

Primary Caregiver's Signature:



Print Name:

Lily Mendoza

Date of Signature:

12/4/18